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ACADEMIC PEDIATRIC ASSOCIATION

APA Focus

The Official Newsletter of the Academic Pediatric Association

Volume 49, Issue 4

August 2012



Communications Director's Message

Happy August!

It's hard to believe the summer is just about over. I hope everyone took a break from work and spent some quality time with friends and family. I imagine many of you are gearing up for the 'back to school' rush with lots of kids coming to your clinics for their annual physicals. For many of us, 'back to school' means helping the housestaff transition into their new roles, working with fellows to develop their research and/or educational interests, and meeting with medical students to guide them through the residency application process. It's also a great time to let our trainees and colleagues know about some of



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our exciting APA sponsored programs! The [new APA Research Scholars Program](#) is looking for fellows, junior and mid-career faculty interested in gaining skills in conducting research and developing an academic focus. The application deadline is October 2nd. The [APA Educational Scholars Program \(ESP\)](#) is also recruiting faculty who wish to build their skills in educational scholarship. The ESP [application deadline](#) for Cohort 6 is October 1st.

Our APA Information Technology Task Force had a recent on-line meeting to discuss findings from a web-based survey of SIG and Region Chairs. While a few of our SIGs and Regions have been using videoconferencing for virtual meetings, most of us communicate primarily through email and listserves. Many SIG and Region Chairs would like to use an electronic platform (wiki) to post, share and edit documents and slide-sets. Survey respondents expressed an interest in learning more about these tools through independent e-based trainings and many felt in-person training sessions would be necessary. Fortunately, Kadriye Lewis, [E-Learning in Medical Education SIG](#) Co-Chair, is serving as Co-Chair of our APA IT Task Force. Kadriye and her colleagues already use a wiki for sharing documents and other educational materials. We are also working very closely with APA staff on this initiative. We will present a proposal to the APA Board in the coming weeks. Our goal is to move forward with wiki implementation and training and get some of our SIGs and Regions up and running this academic year. As always, we are very open to feedback. Please let me know if you have any favorite wiki engines.

Have a wonderful rest of the summer and good luck with your 'back to school' activities!

Barry Solomon
Communications Director
Academic Pediatric Association
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President's Message

Dedicated to the memory of Veronica Moser Sullivan, age 6

In the early morning of July 20th, 12 people were killed and 58 injured in a movie theater in Aurora, Colorado. By now the story of the heavily armed lone gunman, the tear gas, and the rapid fire assault weapons has become familiar. Veronica Moser Sullivan was the youngest murdered victim. Reports have indicated that she was proud of just having learned to swim. Perhaps less familiar is the story of Daniel Metz, the 3-year-old son of a police officer in suburban St. Louis, who fatally shot himself with his father's handgun, which he retrieved from a dresser drawer on July 21. And there is the story of Christian Clark, a 10-year-old boy in Dix, Illinois, about 90 miles east of St. Louis, who was shot by his 7-year-old sister only 3 days later. The two children were playing together in a recreational vehicle where the girl found the loaded gun and unintentionally fired the shot that killed her brother. In today's news, I found the story of Owen and Abigail Benway, who were fatally shot in Massachusetts allegedly by their father, who then killed himself. And today in our own Emergency Department, my colleagues unsuccessfully attempted to resuscitate an 11-year-old boy who had been shot allegedly by his mother. She was found with his sister shot to death in their home in what officials believe to have been a murder-suicide.



There have been 60 mass shootings in the United States since January 2011, when 13 people in Tucson, Arizona were shot and killed and Gabrielle Giffords was wounded. In one year in the United States, 31,593 people died from gun violence and 66,769 survived gun injuries. 12,179 were murdered and 44,466 shot in an attack. 18,223 killed themselves and 3,031 survived a gun related suicide attempt. 592 were killed

unintentionally and 18,610 survived unintentional shooting. Based on 2003 data, the firearm homicide rate in the U.S. was 19.5 times higher than in 22 other populous, high-income countries combined, and among the 23 populous, high-income countries, 80% of all firearm deaths occurred in the United States. In this study, 87% of all children aged 0-14 killed by firearms were U.S. children (Richardson and Hemenway, J Trauma, 2011). A firearm in the home increases the risk of suicide by a factor of 3 to 5 and increases the risk of suicide with a firearm by a factor of 17. A firearm in the home increases the homicide risk threefold. People in possession of a gun are 4.5 times more likely than those without one to be shot in an assault. For every instance in which a gun is used to kill or injure in self-defense, guns are used 11 times for completed and/or attempted suicides, 7 times in criminal assaults and homicides, and 4 times in unintentional shooting deaths or injuries.

More than one-third of all households with children younger than 18 years have a firearm and 25% have it loaded. More than 40% of gun-owning households with children store their guns unlocked. A number of studies have demonstrated that parents underestimate their children's access to guns in the home. There is evidence of a linear relationship between the household gun ownership rate (especially the loaded gun ownership rate), and the state by state gun homicide rate. Eight children die from gun violence every day.

"There are too many victims of gun violence because we make it too easy for dangerous people to get dangerous weapons in America." (From Brady Campaign to Prevent Gun Violence)

Political leaders have referenced existing firearm regulatory legislation as a place to start. Most of the legislation has been enacted in response to specific high-visibility incidents, including organized crime activity in the 1930's, the assassination of President Kennedy, Martin Luther King and Robert Kennedy in the 1960's, the assassination attempt on Ronald Reagan and the wounding of James Brady in the 1980's. There has been no legislative firearm regulatory activity in the new century.

- In the 1930's, laws established taxation on gun sales and licensing requirements to sell firearms. Certain automatic firearms were regulated, and certain felons were prohibited from buying guns.
- The 1968 Gun Control Act expanded license requirements to include more dealers and more detailed record keeping. Handgun sales over state lines were restricted. Felons, mentally incompetent persons and drug users were banned from buying and possessing guns. Mail order sales of rifles and shotguns were outlawed.
- The 1972 Law Enforcement Officer Protection Act made it illegal to manufacture or import armor piercing ammunition.
- The 1986 Firearms Owners' Protection Act eased restrictions on gun sellers and the sale of some guns.
- The 1990 Crime Control Act directed the attorney general to establish "drug-free school zones" and included criminal penalties for possessing or discharging a firearm in a school zone.
- In 1994, the assault weapons ban was enacted. This law also outlawed the manufacture of detachable high-capacity ammunition magazines, which could hold more than 10 rounds. The law, however, expired in 2004 without any action by government.
- The 1998 Brady Handgun Act went into effect. Gun dealers were required to run background checks on all potential buyers.
- In 2008, the Supreme Court in DC vs. Heller decided that the Second Amendment protects an individual's right to possess a firearm for private use. The court extended this right to the states in 2010. Both of these decisions were by 5-4 margins.

Currently, the law requires background checks only for guns sold through licensed firearm dealers, which account for only 60% of all gun sales in the U.S. A loophole in the law allows other individuals not engaged in the business of selling firearms to sell guns without a license and without processing any paperwork. Two of every 5 guns change hands without a background check. Some states have regulations that attempt to close this loophole, but 33 states do not.

Events of the last decade have made it seem almost unfashionable to talk about gun regulation. Important restrictions on assault weapons and gun traffic have expired. The Supreme Court has established (by a 5-4

margin in both cases) that handgun possession for private use is protected by the Constitution. And 8 American children continue to die every day.

As a pediatrician in emergency practice, I am saddened by the children I see who are injured or killed by gunfire. To me, this is a public health issue as much as a constitutional rights issue. The statistics I have shared characterize the United States as by far the most gun violent of the populous, high-income countries on the planet. And these are not only statistics. The killed and wounded children have faces and parents and truncated hopes and dreams. I see an analogy with cigarette smoking. People who smoke have a right to do so, but over time, the health threats of smoking in places of work and other public places have allowed us to free many of our public indoor environments of this health hazard. American public opinion has shifted and recognized limitations on the right to smoke. I believe that we fundamentally understand that public health and safety imperatives can and should balance individual rights in public policy. To paraphrase Diana DeGette (Colorado), the Second Amendment does not give us the right to go into a theater with a semi-automatic assault weapon and shoot people. I believe that it is time to have sensible conversations about the health hazards posed by the ubiquitous presence of guns, particularly guns with mass destruction capability, in the environments of our children and families. I often say to my students, if there were a household cleaning product with the lethality of a gun, would it even be permitted on the market?

As health care providers for children and youth, what are some things we can do?

First, I believe it is time for pediatricians and allied health providers to restart the conversation about sensible regulation of firearms.

Next, we can support HR 308, the legislation introduced by Carolyn McCarthy (NY) and Frank Lautenberg (NJ), the Large Capacity Ammunition Feeding Device Act. It would ban the sale or possession of large capacity ammunition magazines (more than 10 rounds of ammunition), like the ones used in the Aurora incident.

We can support efforts to reinstate restrictions on assault weapons. Senator Diane Feinstein (D- CA) called for renewing the assault weapons ban. She said recently, "Weapons of war don't belong on the streets". I just read today that Governor Quinn of Illinois is moving to amend legislation so that assault weapons will be banned. Currently, only a few states, including New Jersey and Massachusetts, have assault weapons bans. Polls suggest that a majority of Americans do favor background checks and restrictions on assault weapons.

We can discuss firearms with parents in our practices. We can empower parents to check on the safety of their own homes and the homes where their children play. (The State of Florida recently attempted to make it illegal for physicians to do this, but this law was recently invalidated by state courts.)

We can establish no gun zones in our hospitals and places of worship. Both my hospital and my synagogue have this policy. Everyone entering our Emergency Department enters through a metal detector.

I want to end by thinking again about the children who have died recently in the movie theaters, trucks and homes of America. The slogan of the Brady Campaign is "We are better than this".

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President-Elect's Message

I missed the opportunity to write to you all in May, as I left the country after the PAS meeting, and went trekking in Nepal. Trekking is an interesting experience: two weeks of walking up and down (mostly up it seemed), through a land of incredible beauty, among cheerful and resilient people living in terrible poverty under a crumbling façade of democratic socialism. It gives one time to reflect. Here are some of my thoughts.



1. **Gratitude:** I am grateful for the many ways in which our Association works within civil society. Thanks to all who voted in our election last fall. Thanks to all who stood for office in our Association. Thanks to all who give of their time and energy to make the SIGs and regions and programs work so well at and between our annual meetings. Participation in the system is what makes it work. I'm looking forward to getting to know all of you over the three years in the tri-presidency.
2. **Humility:** Benard Dreyer's presidential challenge to us all to address the root cause of health disparities is daunting. I doubt we can get there on our own. I think of my approach to the 3000 steps on the way to Ghorepani on the Annapurna Trek. Initially, I went charging up alone, and I got tired pretty fast. One step at a time got me to Ghorepani. We need a similar approach as we take up the gauntlet cast down by our Immediate Past-President. It's important work, and it will be worth it.
3. **Perspective:** When you are trekking, it helps to take the long view. As members of the APA, we need to remember that all of the work that we do in research, education, advocacy and clinical care is not about us. It is always about the children. Babies watching sunrise over Himalayas, children learning at their new day care/ preschool education center, teens figuring out their next steps in life; it's all good. Our job is to build the systems to allow it to happen.
4. **Service:** The trekking trails in Nepal are maintained by the villages through which we walked, with care and attention to the maintenance of the infrastructure that will support the next generation. As academics, we know that we stand on the shoulders of others. We should always be thinking of ways that we can provide broader shoulders on which the next generation can stand. Faculty development, mentoring, Young Investigator Awards and the like are tools we use within our Association. It turns out that we are the leaders that we have been waiting for. Time to step up and serve.

Of course, now I am back from the trek, plowing through the work that piled up in my absence. It's good to reflect. After that, we have work to do. I look forward to working with all of you all over the next three years.

David Keller
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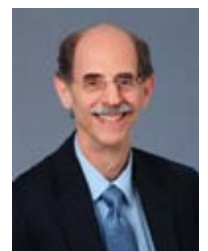
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Past President's Message

Summertime and the Livin' is Not So Easy... Summer Facts About Poor Children

Dear Friends and Colleagues:

You will be reading this as the summer vacation months are coming to an end. Summer means time away from work for many, and I hope that you have had some time to spend with your families and friends and re-charge your inner batteries. In the last newsletter, I talked about a proposal to start a Task Force on Childhood Poverty that would be led by Paul Chung, Chair of the APA Public Policy and Advocacy Committee, and myself. The Task Force has an



ambitious agenda to focus the attention of, first, pediatricians, and then the country at large on the problems of children living in poverty. And so, in each newsletter, I promise to discuss something about childhood poverty. Here are some of the basic facts, excerpted from my Presidential Address in Boston:

- 1 in 5 children (22%) is living in poverty. Almost 1 in 2 children is living in poverty or near poverty
- More children are living in poverty than any other age group. In contrast, only 9% of seniors are living in poverty
- The situation is not hopeless. Our society and government has chosen to protect seniors with programs like Social Security and Medicare. Without these programs, 35% of seniors would be living in poverty. We can do more for children.
- Early childhood is a critical period for brain development. By the time they start school, poor children are dramatically disadvantaged, find it difficult to ever catch up, and end up in a cycle of intergenerational poverty. Early childhood programs to support parenting and education are a critical battleground in the war on childhood poverty.
- The UK has had a program to "end childhood poverty" for over 10 years and has dramatically reduced poverty rates for children from 26% (higher than the US) to just over 10%. And all political parties in the UK, including the Conservative Party, are committed to doing more over the next 10 years. The Brits are also focusing their efforts on early childhood development. We in the US could and should make the same kinds of commitments to children.

It is time to recognize that for many children living in poverty, *living is not so easy in the summertime*. There are almost 10 million poor children who depend on the free or reduced National School Breakfast Program and 20 million children who depend on the free or reduced National School Lunch Program for adequate nutrition. These meals go away in the summer. Poor and near poor families depend on underfunded and "under-fooled" food banks to make up the difference. It turns out that for many food banks, children make up the largest portion of the population receiving assistance. Summer isn't fun when you are hungry.

Another "summer fact" about poor children: Research indicates that summer vacation is a time students lose the skills they learned during the school year. Summer learning loss disproportionately affects low-income students, particularly in reading. While their higher-income peers, on average, gain in reading skills over the summer, low-income students show losses at the end of the summer. Most disturbing is that these summer learning losses are cumulative and that, over time, add up, and are a cause of a substantial amount of the achievement gap (perhaps as much as 2/3) between high- and low-income children found by ninth grade and beyond. High quality summer learning programs have been shown to have positive effects on student achievement that may last at least through the next school year. This is another area for our inquiry and advocacy.

In June, the APA Board voted to approve the formation of the Task Force and Paul and I have begun to recruit members from our organization, from other pediatric organizations and from our colleagues in the economic and social sciences. We are in the process of setting up a web page on the APA website to share information and actions with you, our members. We have put together an exciting State of the Art Plenary session on childhood poverty for next year's PAS meeting in Washington, DC. Peter Szilagyi, our journal editor and a former APA President, and I have begun discussions about a special issue/supplement to *Academic Pediatrics* focused on childhood poverty. Expect to hear more about the web page and the activities of the Task Force. And please contact me directly if you want to get involved!

Best Wishes, and enjoy the rest of the summer.

Benard Dreyer
Immediate Past President
Academic Pediatric Association
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Annual Meeting Highlights

Annual Meeting Photo Highlights, Boston 2012

The PAS 2012 Meeting in Boston was a great success. The meeting included state of the art plenary and workshop sessions on some very hot topics. The sessions enhanced the knowledge and skills of the participants in areas of leadership, clinical medicine, education and research which specifically relate to academic medicine. Enjoy photo highlights of all that took place!



Benard Dreyer at APA Presidential Plenary



Paul Chung giving the APA Public Policy and Advocacy Award to Tina Cheng



Jane Knapp, David Jaffe and APA members in the meeting hall



Latha Chandran giving the APA Educational Scholars Program completion certificate to Megan Aylor



Incoming President David Jaffe honors outgoing President Benard Dreyer



Jane Knapp giving the Miller-Sarkin Mentoring Award to Frederick P. Rivara



Benard Dreyer giving the APA Research Award to Glenn Flores

[APA Boston Meeting Photos](#)

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APA New Members

Welcome to all of the new APA Members!

Janelle Aby	Jennifer Goldman-Luthy
Anne Ades	Jill Herndon
Ilona Albrecht	Monica Joseph-Griffin
Prem Arora	Amy Keir
Heather Brumberg	Anagha Loharikar
Scott Carney	Michele Lossius
Emily Chapman	Sarada Panchanathan
Nickolas Dawlabani	Rebecca Rosenberg
Sarah Denniston	Hernan Sierra
Catherine DeRidder	Lauren Solan
Jennifer Everhart	Samuel Stubblefield
Lori Falcone	Emily Tan
Heather French	Sabrina Wagner
Wanda Gibson-Scipio	

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Upcoming Conferences

Pediatric Academic Societies 2013



[Pediatric Academic Societies 2013](#)

May 4-7, 2013
Washington, D.C.

Committees

Education

I wanted to update all committee members on some of the activities discussed at the PAS meeting. As you know, the APA Board has been involved in a strategic planning process. One of the priority initiatives identified in the planning process is recognition of excellence through awards for our members. A task force chaired by Dorene Balmer has been selected to create a proposal for awards to recognize outstanding teachers. Members of the task force who will work on this important project are Chris Peltier, Lindsey Lane, Nancy Spector, Dan Rauch, Marta King and Michael Bowman.

A new recruiting cycle for the Educational Scholars Program (ESP) has begun. Elisa Zenni will serve as the cohort leader for the new scholars who will begin the program in May 2013. If you have any questions about the program, please contact the ESP program leaders, Connie Baldwin, Latha Chandran and Maryellen Gusic. More information about the ESP curriculum and other program activities is available at: http://www.academicpeds.org/education/education_scholars_program.cfm. Applications can be accessed at: <https://www.degnon.org/secure/apa/esp> and are due October 1.

Last but not least, the next PEEAC meeting will be held in fall of 2013. Melissa Klein is leading the APA contingent of the planning group and is joined by Ken Roberts, Donna D'Alessandro and Kate Ferguson who are working with our colleagues from COMSEP, APPD, and CoPS to design the program for the meeting. Please watch for upcoming communications with information about specifics related to the date and location of this great meeting for pediatric educators.

Maryellen Gusic
Education Committee Chair
mgusic@iupui.edu

Public Policy and Advocacy

With the elections coming up, APA PPAC will soon be announcing the latest edition of Prescription to Vote, our get-out-the-vote campaign. It is a strictly non-partisan campaign to encourage our patients' families to register to vote and to vote on November 6th, 2012. Please keep an eye out for mass distribution of materials as we head into the fall. Also please keep in mind your own institution's rules regarding election activities. Our families' voices need to be heard!

In the same vein, Tumaini Coker, Paul Chung, and Cynthia Minkovitz will have a commentary in an upcoming issue of *Academic Pediatrics* titled, "The United States 2012 General Election: Making Children's Health and Well-Being a Priority for the Candidates." In it, the authors suggest a few key child health policy questions for families and colleagues to ask their political candidates as the elections approach.

With the Supreme Court decision behind us, two major short-term federal budget issues remain, neither of which is likely to be resolved before the election. The first is the FY2013 budget. The House Appropriations

Committee shot the first salvo with a proposal that eliminates funding for the Prevention Fund, eliminates the ACA's Medicaid payment increase, eliminates AHRQ, eliminates patient-centered outcomes research funding, and proposes a number of other cuts that directly affect children's health.

The second is sequestration, which is the automatic across-the-board cut scheduled to occur in 2013 after the Joint Select Committee on Deficit Reduction's failure to reach a deficit-reduction agreement in 2011. Programs receiving cuts will include WIC, public health education, immunizations, NIH, CHGME, GME, and more.

The APA is working with the Public Policy Council to make sure that the voices of child health advocates are heard on these issues. We'll keep you updated, and we'll continue to send out action alerts as needed as we get closer to crunch time.

Paul Chung
Public Policy and Advocacy Committee Chair
PaulChung@mednet.ucla.edu

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Core Activities

CORNET



It's hard to believe that most of the summer has already flown by. June and July are the months of the academic year which I find best fit a "sweet- bitter-sweet" paradigm.

This is such an exciting time for our 3rd year residents who are completing another step in their educational career and moving forward to the next phase of their life. For many of them, it may be several years before our paths cross again. For us, and their continuity patients, a sense of loss remains, even as we welcome our newly-graduated entering 1st year residents.

Each July brings the excitement of new house staff entering the joy-filled specialty of pediatrics. And for those of us in continuity sites, it is the beginning of a 3 year interaction between preceptor and resident which is unlike that experienced by any other attendings! Without a doubt, our weekly clinics provide the opportunity for a unique mentoring and educational relationship to develop.

As this new academic year begins, it is also an opportunity for us to re-focus our attention on the ongoing CORNET projects and hopefully some new ones which you would like to propose for the research network.

Perhaps this is the perfect time for you to consider energizing yourself by participating in a CORNET study!

PROPOSAL IN RECRUITMENT PHASE!

The Resident Health Information Technology Survey is a wonderful way to introduce your residents to our collaborative research network. This study is designed to assess their perception of the impact and value of the electronic health record in their continuity settings.

1. Additional continuity sites still are needed
2. An IRB template is available for your revision to meet your institution's requirements
3. Goal would be to have IRB approval by late August 2012
4. Anticipated data collection to begin in September 2012

Funding for this project has been provided by AHRQ through our collaboration with the AAP PROS network.

PROPOSAL IN DEVELOPMENT PHASE!

The Medical Home Residency Training Initiative Study

The goals of this study include providing the tools and resources to help facilitate the implementation of the Medical Home Initiative in Pediatric Residency Programs. And what better way to achieve this than in our continuity settings! Helping our residents learn strategies to help their patients receive the coordinated and comprehensive care we strive to provide will be a WIN-WIN project all the way around!

MANUSCRIPTS IN PREPARATION

Several of the collaborators on previous CORNET studies have been hard at work on manuscript development and submission. These include the SPACER Asthma project, Institutional Variability in IRB Review, and the Resident Health Care Utilization.

CORNET REGIONAL RESEARCH CHAIR RECRUITMENT: REGIONS IV AND X

Over the past several weeks we have received nominations for the Research Chair Positions for Region IV and Region X.

If there are any other individuals from these regions who would like to nominate themselves or others, please do so at this time, as our goal is to have a full complement for the CORNET Executive Committee by the end of August. To apply, please submit your CV and a brief summary of your interest in serving on the CORNET Executive Committee as a Regional Research Chair to Nui Dhepyasuwan at nui@academicpeds.org.

APA CORNET members have encouraged many continuity preceptors to consider clinical sites as appropriate venues for improving medical education, patient care issues and health disparity concerns while also facilitating faculty development.

Our CORNET goals encompass advocacy for patients, residents and faculty and we hope each time you are in clinic, you consider various aspects of your activities as potential topics for a CORNET project.

The strength of the APA has come from our sharing among members new and effective ways to teach, enhance health care and re-energize each other! Let's keep this enthusiasm going as we study what we do and expand our opportunities for collaboration!

We hope all of you are having a very happy, healthy and safe end to your summer. And WELCOME to another new academic year!

Marilyn C Dumont-Driscoll
CORNET, Chair of Membership
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THE APA EDUCATIONAL SCHOLARS PROGRAM:

New Scholar Applications Received Until October 1

Go to <https://www.degnon.org/secure/apa/esp>

The Educational Scholars Program (ESP) online application site is now open. We are recruiting a new cohort of Scholars, who will begin in May 2013.

The program includes 3 full-day teaching sessions, which scholars attend over 3 years at the PAS meetings, and educational modules to be completed between PAS meetings. All scholars develop an educator portfolio and receive expert feedback to help them plan their careers and maximize their chances for promotion. Finally, scholars must plan and conduct a mentored, scholarly project in education. To receive a Certificate of Excellence in Educational Scholarship, each must provide evidence of a successfully peer reviewed publication or presentation related to the project. All program requirements have been selected with an eye to career advancement of young educators. For more information on the ESP curriculum and other program activities, go to

http://www.academicpeds.org/education/education_scholars_program.cfm.

To download a recruitment flyer, [click here](#).

The ESP application website is now open, and online submissions must be complete by October 1. Scholars prepare an application, including a 2-page project proposal, and undergo a rigorous selection process. Applicants must submit letters of support from their supervisor and mentor, and provide a statement from their supervisor that commits to payment of an enrollment fee of \$5000 and permission for the scholar to devote 10% FTE to the program over 3 years (May 2013 - May 2016). All scholars are expected to be or become members of the Academic Pediatric Association by the time of enrollment in the ESP. You can access the application website at: <https://www.degnon.org/secure/apa/esp/>

For more information, contact Connie Mackay: connie@academicpeds.org.

Connie Baldwin
Educational Scholars Program Chair
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PRIS



Upcoming Events

Executive Council Webinar
August 16, 2012

Executive Council Meeting
October 3-5, 2012 in Toronto, Canada

PHIS+ Project Meeting 2013
February 11-12 in Park City, UT

Executive Council Meeting 2013
February 13-14 in Park City, UT

Membership Update

The PRIS Network continues to grow! We have approximately 900 members representing 85 sites across the U.S. and Canada. Please be on the lookout for our upcoming Membership Survey. We'll invite all new and current member sites' leads to complete the survey in August.

Clinical Priorities Survey

All PRIS members are invited to complete the PRIS Clinical Priorities Survey. The information we gather from this will help to inform future directions for PRIS research. The link to the REDCap survey has been sent out to each individual member; however, we're happy to resend it if needed. Email Network Manager, Jaime Blank (Jaime.blank@hsc.utah.edu).

Study Updates

PHIS+: Augmenting the Pediatric Health Information System with Clinical Data
This project is linking clinical data from six hospitals to a common administrative database to conduct comparative effectiveness research (CER) studies.

The last few months have been busy as Utah and the Association is working on mapping data across all three project streams in order to begin the CER projects this summer. The laboratory data from 2007 - 2011 has been mapped for all sites. At this time, Utah is mapping some additional laboratory metadata, which will be included in the database. The microbiology backfills have been submitted from four sites and the other two expect to submit their data in the coming month. The radiology backfill data will be collected and mapped by the end of July. Once Utah and CHA map and analyze the sites' one-year extract from 2009, the backfills will be requested. Once the data are in the PHIS+ database, the validation step will begin.

Research assistants at each site will be trained to compare the PHIS+ data to their hospital's electronic health record to validate that the data was mapped and translated correctly. We anticipate beginning the validation with the laboratory data, followed by microbiology and then radiology data.

At the in-person meeting last February, the group decided to pursue natural language processing (NLP) options to interpret the radiology data. The group decided to utilize the resources in Utah to conduct NLP. A working group was formed several months ago and is starting a pilot project to test the algorithm for the pneumonia CER project. NLP is expected to be ready in the fall. At this time, NLP will only be used for the pneumonia project.

Over the next few weeks, the CER project working groups will begin to meet to identify their patient cohorts using the PHIS database. Once the PHIS+ data are ready, the cohorts will be refined. The first CER project will begin in September, followed by the other three later in the fall. Once the initial data from each project stream is mapped, the information technology committee will begin to discuss the process for submitting monthly data feeds.

Prioritization Project + Hospital-Specific Reports

This project uses administrative data from PHIS and the Premier Perspectives database to identify hospital conditions that are prevalent, cumulatively expensive, and highly variable in terms of resource utilization.

The manuscript describing the results of the prioritization project methodology has been accepted for publication in the *Archives of Pediatrics & Adolescent Medicine* and is currently in press.

Drill-downs #1: DKA and #2: Hypertrophy of Tonsils and Adenoids are completed, and work on manuscripts is ongoing. The third condition-specific drill-down has begun. Its focus is Appendectomy (Co-PIs: Samir Shah, MD, MSCE and Shawn Rangel, MD, MSCE).

In March, the Network delivered hospital-specific reports to 39 CHA hospitals using data that each hospital submitted to PHIS over the last several years. The reports contain detailed information on resource utilization by condition. Ron Keren led a webinar to present the methodology behind the reports to attendees from all 43 CHA hospitals.

The Network has received positive feedback about the practicable application of the reports. For example, Children's Medical Center of Dallas (Site Lead: Vineeta Mittal) describes two projects that are a direct result of their report: "1.) we have recently formed a Clinical Pathway Committee to develop evidence-and consensus'based practice guidelines. These are chosen based on high volume, cost, variation, and mortality. Through the report we've realized that Dental Caries incur high cost for our hospital. This was not known before. The report also helped us understand that these costs are directly related to procedures and not inpatient admissions. This information has been very helpful. We were able to involve our quality group and dentists together to evaluate how we might reduce these costs. 2.) Through the report we also learned that patients with Cystic Fibrosis are high cost to us. This was not high on our list of priorities for the clinical pathways. We are now developing a taskforce involving key stakeholders in managing CF to standardize care and reduce cost which we hope to implement in 2013. We thank you and the PRIS network for this report and hope to see more of this wonderful work over coming years! "

Please send your site's updates to Jaime Blank (jaime.blank@hsc.utah.edu).

I-PASS: Accelerating Safer Signouts

This study is examining the effectiveness of a "resident handoff bundle" in accelerating adoption of safer communication practices in pediatric hospitals, and is endorsed by the Initiative for Innovation in Pediatric Education.

The I-PASS study is progressing as planned across all sites. Post-intervention data collection is nearly complete at the first wave of sites - Lucille Packard Children's Hospital (Palo Alto, CA) and UCSF Benioff Children's Hospital (San Francisco, CA). Research nurses at these sites are in the process of data cleaning and entry for analysis by the study's Data Coordinating Center at Brigham and Women's Hospital in Boston. The next wave of sites - Cincinnati Children's Hospital Medical Center (Cincinnati, OH), St. Louis Children's Hospital (St. Louis, MO), and Primary Children's Medical Center (Salt Lake City, UT) are in the midst of rolling out the resident handoff bundle intervention and will begin post-intervention data collection in early July. Our Wave 3 sites - St. Christopher's Hospital for Children (Philadelphia, PA), the National Capital Consortium (Washington, DC), Doernbecher Children's Hospital (Portland, OR), and the Hospital for Sick Children (Toronto, ON) have all completed pre-intervention data collection and are in the initial phases of intervention roll-out. We are currently seeking permission from the American Board of Pediatrics to grant faculty members Part 4 MOC credit for their participation in this study.

Study work groups continue to participate in regular teleconferences to coordinate implementation of the study protocol, plans for data analysis and validation, and dissemination plans. A suite of I-PASS curricular materials was created to allow for local adoption and implementation of the I-PASS handoff at non-study sites. These materials were finalized in April 2012 and were made available free-of-charge online via our study website: www.ipasshandoffstudy.com, which went live in early May 2012. The availability of such resources was first announced during the 2012 PAS Conference in Boston where our study group delivered a State of the Art Plenary presentation and ran an I-PASS training workshop. To date, we have received over 200 requests for access to these materials from 34 States and 6 countries. The study team continues to seek out opportunities to present at major conferences and is preparing manuscripts for publication. In July, our team will present at the 2012 PHM Conference. Future dissemination efforts include developing "entrustable professional activities" materials to satisfy ACGME competencies.

PRIS Activities

We are extremely pleased with the representation of PRIS membership at the recent Pediatric Hospital Medicine 2012 Conference. The following presentations were given by PRIS members:

Urinary Tract Infections and Pneumonia: The 2011 Pediatric Guidelines

Ken Roberts and Samir Shah

Strategies for Implementing A Successful Handoff Program for Pediatric Hospitalists

Jennifer O'Toole, Glenn Rosenbluth, Lauren Destino, April Allen, Megan Aylor, Maitreya Coffey, Jennifer Everhart, Jennifer Hepps, Christine Hrach, Vahideh Nilforoshan, Shilpa Patel, Adam Stevenson, Michael Turmelle, Raj Srivastava, Christopher Landrigan, Daniel West, Nancy Spector, Theodore Sectish, Amy Starmer

Research 101: Understanding the Research Process and Avoiding Common Pitfalls

Derek Williams, Susan Wu

Research 201

Joel Tieder, Karen Wilson

Research 301: Writing a Manuscript for Publication

Samir Shah, Raj Srivastava

Roundtable Report Outs

Jennifer Maniscalco, Raj Srivastava, Douglas Carlson, Mark W. Shen

Biostats for the Non-Statistician: Understanding Frequently Used Methods in Medical Research

Matt Hall

Apparent Life Threatening Events: The Past, Present, and Future

Joel Tieder

Practice Management: Demonstrating Hospital Medicine Program Value

Patrick Conway, Doug Carlson, Vincent Chiang, Paul Hain

Leah Willis

Project Manager

Leah.Willis@hsc.utah.edu

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Regions

Region I

REGION I: Here's our Region I APP ATTACK!

About 30 members from the region gathered for breakfast at the PAS meeting in Boston. Good conversation and food were enjoyed by all. But the highlight was sharing our favorite APPs (or computer programs). So we will share now, as they might help your life (both professionally and personally) become a little more efficient/enjoyable/easy. Most would agree that we find our colleagues and residents the most beneficial

"APP" around!

Professional/Medical:

- AAP patient education (healthychildren.org)
- ACLS advisor
- ASP (consult dictating system)
- Be around me
- Epocrates
- Estimated glucose calculator (ADA)
- Google: including Google Translate and Maps
- Pediatrics (on line)
- The Pediatric Dosing Guide
- UPAD (lite version is free)
- Wolfram alpha
- Words with friends

Personal/ Entertainment:

- Birdpro
- Dice
- Grocery gadget
- Google: including Google Calendar and Maps
- Metronome
- New York Times
- NPR
- Open table
- Primetime in no time (Yahoo...we think Dr. First uses this professionally as well 😊)
- Stargazer/ Starmap
- Star Wars lightsaber
- WHRV

Also, we want to send a special thanks to Ada Fenick for her dedicated years of service to the region as Co-Chair. Her extended terms ended at PAS and we are proud to say that Alison Holmes (from NH) has stepped up to the position for the next three years. We will start to make plans for the spring region meeting but are also investigating a mini meeting with the use of technology to mentor works in progress in a webinar like format. More to follow but please let us know how we can make the APA Region I more "APP" licable for you!

Region Co-Chairs:

Melissa Held

mheld@ccmckids.org

Alison Holmes

alison.v.holmes@hitchcock.org

Marcia VanVleet

mvanvleet@WIHRI.org

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Region IV

The APA Region IV Regional Meeting is scheduled for February 23 and 24, 2013 in Charlottesville, VA at the Omni.

Overall, there won't be a tremendous number of changes, but we do plan to try SIG-based break-out sessions instead of traditional workshops. Additionally, we will have increased capacity for abstracts--so get working on your projects, or start spreading the word among fellows, residents, and students at your own institution.

The planners for this year's meeting include Colleen Kraft from VA Tech/Carilion School of Medicine and Research Institute; Martha Hellems from the University of Virginia; Carl Seashore from the University of North Carolina and Christy Schuler from the University of North Carolina.

Everyone is looking forward to another terrific meeting!

New Co-Chair of Region IV

Linda Fu, from Children's National Medical Center in Washington, DC is the new co-chair of the region. Linda is a General Pediatrician and also a Principal Investigator in the Children's Research Institute and Center for Translational Science. She is eager to get to work with everyone from centers across the region.

Region Co-Chairs:

Linda Fu

lfu@cnmc.org

Mike Steiner

msteiner@med.unc.edu

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Region VI

Only mad dogs and Englishmen go out in the midday sun...

That certainly seems to be what the summer of 2012 is all about. Many hottest midday suns on record in many places, our English cousins hosting the Olympics and well, mad dogs (and children) venturing out.

This might be a good time to use institutional A/C and kick back to prepare for the yearly bid for promotion and do some summertime reading (publications!)

Below are some of our newly promoted members and honor recipients followed by a list of recent publications submitted by members (including new members) of Region VI. Included in the list are those members who would be willing to serve as reviewer, at the appropriate level, for those seeking promotion.

Peruse the lists and see what you might find to encourage action and spark some interest... On your mark, get set-GO!

Newly Promoted:

J.D. Cowden, M.D., MPH

Associate Professor-University of Missouri-Kansas City

Children's Mercy Hospitals and Clinics

2401 Gillham Rd.

Kansas City, MO 64108

816-960-2863

jdcowden@cmh.edu

Willing to serve as reviewer for those seeking promotion

Sharon R. Wilkerson-Amendell, M.D.
Associate Professor-University of Missouri-Kansas City
Children's Mercy Hospitals and Clinics
2401 Gillham Rd
Kansas City, MO. 64108
816-960-2859
swilkerson@cmh.edu
Willing to serve as reviewer for those seeking promotion

Additional reviewers:
Mary McCord MD MPH
Associate Professor of Pediatrics
Special Needs Program
Medical College of Wisconsin-Children's Hospital of Wisconsin
414-337-7392
mmccord@mcw.edu

Achievements:
Donna D'Alessandro was named Teacher of the Year by the 2011-2012 residents at the University of Iowa.

[Publications by Region VI members](#)

Region Co-Chairs:
Donna D'Alessandro
donna-dalessandro@uiowa.edu

Bernie Eskridge
eskridgeb@health.missouri.edu

Sharon Wilkerson
swilkerson@cmh.edu

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Region VII

Hello Region VII Members,

We hope you are enjoying the summer and staying cool!

Welcome our newest Region VII member, Stephanie DeLeon, from The University of Oklahoma Health Sciences Center!

The Southern Regional Meeting will be held February 21 - 23, 2013 in New Orleans, LA. This is a great venue for students, residents, fellows, and junior faculty to present their research, or an interesting clinical case. See the [flyer](#) for information about how to submit an abstract. The deadline for abstract submission is October 12, 2012.

There are travel awards available to help pay for meeting expenses. See the [flyer](#) for more information about eligibility and how to apply.

The APA workshop that will be presented at this year's Southern Regional Meeting is *"The Rest of the Story: Putting the "B" in Systems Based Practice. Teaching the Business Side of Medicine"* and will be led by Stephen Whitney.

Hope to see you all at the meeting in February!

Region VII Co-Chairs:

Paul Cooper

pcoope@lsuhsc.edu

Nancy Kelly

Nancy.Kelly@childrens.com

Monique Naifeh

monique-naifeh@ouhsc.edu

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Region VIII

As fall approaches, Region VIII is gearing up for the Southern Regional Meeting in New Orleans, LA from February 21st-23rd, 2013. The call for abstracts and meeting schedule has been published and can be found here: <http://www.ssciweb.org/>. Abstracts can be submitted at <http://srm2013.abstractcentral.com> through October 12, 2012.

Keep in mind that the meeting is a great opportunity for residents and fellows to present their work. In particular, the Pediatric Clinical Case Symposium is a wonderful format for trainees to lead a discussion about a case with a diagnostic dilemma or management issue. Several travel awards are available. We encourage trainees and faculty alike to submit original research or case reports and join us in New Orleans.

As announced in April, we have welcomed our newest Region VIII co-chair, Dr. Kimberly Northrip. Dr. Northrip completed medical school and residency in pediatrics at the Medical College of Virginia at VCU before moving on to complete a General Academic/Community fellowship and MPH at George Washington University and Children's National Medical Center in Washington D.C. Currently, she is an Assistant Professor of Pediatrics at the University of Kentucky. She is also the director of the medical legal partnership, Child Advocacy Today.

Best wishes for a happy end of summer and successful fall.

Region VIII Co-Chairs:

Annamaria Church

Annamaria.Church@erlanger.org

Kimberly Northrip

knorthrip@uky.edu

Michelle Stevenson

michelle.stevenson@louisville.edu

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Special Interest Groups

Division Directors in General Pediatrics

Quick Survey of Past/Current/Future APA Division Directors

We hope this brief survey in the summer reaches you at a restful time (see link below for a 2 minute survey). Mary Rogers and I (John Harrington) have recently been tasked with being the new co-chairs of the Division Director's SIG. We were hoping to get a very brief overview of who we are or might be representing. Please feel free to contact us about any needs you may have concerning our SIG: John.Harrington@chkd.org and mary.rogers@carolinashealthcare.org and please, please, fill out this brief 2-3 minute survey. Thanks!

<http://www.surveymonkey.com/s/M2X3ZLV>

SIG Co-Chairs:

John Harrington

John.Harrington@chkd.org

Mary Rogers

mary.rogers@carolinashealthcare.org

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E-Learning in Medical Education



Welcome to a new academic year in medical education! The SIG in e-learning in medical education would like to support you in your endeavors to develop and use online e-learning tools for this coming year. Our focus this year will be to create for our SIG a vibrant collaborative learning environment about the application of e-learning tools through shared experiences with their use. In order to facilitate this process, we would like to highlight 1) e-learning projects and resources that have been recently developed by fellow members and medical educators, 2) upcoming events (Webinars, Workshops, and Conferences) and tidbits of information related to venues that teach about e-Learning, and 3) opportunities in funding related to e-learning. In addition, we will be offering an online instructional design course about e-Learning to our SIG members. Please watch for upcoming announcements about it.

Strides in e-Learning Projects - 2012:

Information about e-learning in medical education remains fairly fragmented. We would like to increase your exposure to various e-learning initiatives in order to highlight their potential in applying it to your teachings. We introduce *Ning*, an online platform for people to create their own social networks, and its unique application to educational projects. We share with you the process of developing a cool gaming application for medical education called *Septtris*. Lastly, we describe the application of *Moodle* to web-based modules.

Using Ning for Collaborative Learning in Medical Education: Ning supported websites have gained popularity among physicians to disseminate and discuss medical information. Popular Ning sites include PediatricCommons.Org (<http://www.pediatriccommons.org/>), DoctorsHangout.com (<http://www.doctorshangout.com/>), and radRounds.com (<http://www.radrounds.com/>). We will profile this quarter the use of Ning in medical education-detailing its use within the medical community. Ning Mini plan is sponsored by Pearson for educators. Further information about sponsorship, can be found at <http://go.ning.com/pearsonsponsorship/>.

Active Game-Based Learning- Septris: Septris, a mobile HTML5 game to teach clinicians about sepsis, was developed by educational technologists in collaboration with clinicians at Stanford School of Medicine. Using their iPad, iPhone, or PC, clinicians make quick decisions related to the health status of two simultaneous virtual patients as they select diagnostics and treatment options for them. Eight cases related to sepsis (e.g. urosepsis, bowel infarction, mimickers as MI and PE) were developed by clinicians to simulate the quick decision making process required in such situations. Here are 5 pertinent facts about Septris that were revealed during a recent interview with Jamie Tsui, an educational technologist at Stanford School of Medicine.

1. *What are the highlights of this game?* 'It is played in real time, requiring quick decisions.'
2. *Who initiated the project?* 'Quality Improvement at Stanford Hospital & Clinics.'
3. *What was the time commitment of the clinicians?* 'They were Emergency or Surgery physicians who met with educational technologists on average 1 hour/week over 6 months but also worked independently on the cases.'
4. *What was the limiting factor in the development of Septris?* 'Consensus building amongst clinicians as to how the cases should play out.'
5. *Where can clinicians find funding for such gaming projects?* 'Lots of opportunities internally and externally via CME; this project was funded by Pfizer.'

On the heels of the success of this project, Stanford educational technologists are planning to develop this fall gaming related to surgical procedures. If you are interested to test *Septris*, please visit <http://cme.stanford.edu/septris/>. For further information, visit Stanford Magazine (<http://stanmed.stanford.edu/2012summer/article6.html>). Questions may be directed to Lisa Shieh, MD PHD at lshieh@stanford.edu.

A Blended Teaching Approach for Resident Nighttime Curriculum with Moodle: The National Pediatric Nighttime Education Steering Group, a joint Pediatric Hospital Medicine Strategic Initiative and a working group within the APPD's Curriculum Task Force, has successfully piloted its National Pediatric Nighttime Curriculum. This year brings new innovation to the initiative; the steering group is in the process of building the curriculum into its own Moodle course environment. In the next few months, residency programs will have the opportunity to log-in to a Moodle course, hosted by Moodle Partner Classroom Revolution, and teach and learn using the 10 existing National Pediatric Night Curriculum modules. Within the next year these 10 modules will expand to 30. For more information on the National Pediatric Night Education Steering Group and Moodle access, please contact Becky Blankenburg, rblanke@stanford.edu.

A Closer Look at Great Resources about e-Learning in Medical Education:
Personal reviews and overviews about e-Learning provide pearls of wisdom. Erik Black shares his thoughts about one of his favorite e-Learning tools: *Articulate Storyline*.

"After more than seven years of happiness using TechSmith's Camtasia to develop dynamic content (voice over power point, screen capture, interactive quizzes, etc), I've recently made the switch to *Articulate Storyline*, a more robust and, unfortunately, much more expensive content development tool. Both applications are equally easy to use and produce content with minimal effort. But, the driving factor in my migration was HTML5. Articulate Storyline provides native multiple-content support for IOS, android, macs and pcs, I no longer have to worry about the platform my users are using. Given the proliferation of tablets, smartphones and other web-enabled devices in contemporary medical settings, migrating to a 'content neutral' development platform is a necessity."

<http://www.articulate.com/products/storyline-overview.php>

<http://www.techsmith.com/camtasia.html>

Michal Cidon and Kadriye Lewis developed a wiki for a recent WGEA presentation on Web 2.0 tools and their potential of integrating them in their own teaching. Please access the wiki at

<http://wgea1.pbworks.com>.

The Association of Authentic, Experiential and Evidence Based Learning (AAEEBL), pronounced "able", is an international association of educational institutions supporting e-portfolio use in education. They have provided a free webinar series exploring platforms that support ePortfolios. You can access the webinars at <http://www.aaeebl.org/eport-webinar>.

The Electronic Portfolio Action and Communication (EPAC) provides a rich Wiki site which contains a wealth of information about e-portfolio related tools, webinars, and events. Check it out at <http://epac.pbworks.com>.

For additional information about e-portfolios, visit the new issue of the International Journal of ePortfolio (IJeP), a double-blind, peer-reviewed, open access journal, at <http://www.thejep.com/current.cfm>.

Webinar Spotlight: "Social Media and Medicine: Harnessing Powerful Opportunities"

August 21, 2012 11am-12 (EST)

Presenter: Michael P McKenna, Assistant Professor of Clinical Pediatrics, Indiana University School of Medicine, Indianapolis, IN.

Dr. McKenna will describe ways in which medical professionals have taken advantage of the connective power of social media to improve the care of their patients, advocate for important medical issues, and disseminate their scholastic work and network with other professionals. Dr. McKenna will also discuss new possibilities for the role of social media in medicine. Come to the session to learn new ideas, share your ideas and join in the conversation!

For a quick peek on this topic, please access Dr. McKenna's article on social media at

<http://download.journals.elsevierhealth.com/pdfs/journals/00223476/PIIS0022347610007973.pdf>

Upcoming Conferences and Workshops - 2012

28th Annual Conference on Distance Teaching & Learning in Madison, WI (August 8-10, 2012)

Website: <http://www.uwex.edu/disted/conference>

5th World Congress on Social Media, Mobile Apps and Internet/Web 2.0 in Medicine and Public Health at Harvard Medical School (September 15-16, 2012)

Website: <http://www.medicine20congress.com/ocs/index.php/med/med2012>

18th Annual Sloan Consortium International Consortium International Conferences on Online Learning at Orlando, FL (October 10-12, 2012)

Website: <http://www.medicine20congress.com/ocs/index.php/med/med2012>

11th Conference on e-Learning ECEL-2012 at University of Groningen, Netherlands (October 26-27, 2012)

Website: <http://academic-conferences.org/ecel/ecel2012/ecel12-home.htm>

Call for Presentations about e-Learning:

Please note the following dates in your calendar:

AAEEBL Southeastern Regional Conference 2012 Nov12-13 Deadline: TBA

eLearning 2013 Feb 17-20 20

Deadline: October 5, 2012

Funding Update:

As national and international funding opportunities are limited in medical education, we are planning to provide a link that identifies potential funding resources for e-learning projects. This site is intended also to promote collaborative educational initiatives within the SIG. The idea is for members to highlight institutional and local grants that support a multi-institutional project from multiple disciplines.

Invitation for Webinar Proposals

Do you have a special topic that might be of interest to our e-Learning SIG? For consideration for the coming webinars, please send a brief outline and summary of your topic and how it relates to the interests of SIG members

Invitation for Contribution to e-Learning SIG Newsletters and Webinar Proposals

We sincerely invite all of the APA members to contribute to our newsletters with topics that might be of interest to our e-Learning SIG members. Also, if you are looking for opportunities to present or deliver your e-learning initiatives, please send a brief outline and summary of your presentation topic. Feel free to contact Drs. Kadriye Lewis, Erik Black or Michal J. Cidon via the information below to discuss your ideas.

SIG Co-Chairs:

Erik Black

ewblack@ufl.edu

Michal Cidon

mjcidon@stanford.edu

Kadriye Lewis

Kadriye.Lewis@cchmc.org

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Ethics

Dear Ethics SIG members,

We hope you are having a nice summer!

In this letter we would like to announce the second APA Ethics SIG Essay Contest. Here is the official letter we will be sending to Pediatric Program Directors:

Dear Pediatric Residents and Fellows of all Subspecialties in Pediatrics,

We are pleased to announce the second APA Ethics Special Interest Group (SIG) Essay Contest.

The contest is open to all pediatric residents and pediatric subspecialty fellows (including pediatric surgical fellows). Essays should focus on the ethical issues that residents and fellows face while caring for patients. Topics may include but not limited to personal narratives of ethical dilemmas faced in training or practice or scholarly presentations of issues related to organizational, interprofessional or global health ethics.

Essays should be between 800 to 1600 words. Essays longer than 1700 words will be disqualified without review. Essays must be original and unpublished works. If there are multiple authors, the award will be shared. All co-authors should provide demographic information (training status) and role in manuscript

preparation.

Two awards will be offered:

1st Place - \$200

2nd Place - \$100

The winning essays will be read at the PAS meeting in Washington, DC and will be published on the APA website as part of the Ethics SIG newsletter in June 2013. If the resident or fellow will be attending PAS in Washington, DC they may present their paper themselves.

Deadline: February 10, 2013

Submit essays to: zsalih@iupui.edu

We wish you all the best in your writings in ethics!

Zeynep Salih, M.D.

Indiana University School of Medicine

Riley Hospital for Children

zsalih@iupui.edu

Diane Plantz, M.D.

University of Missouri Kansas City

Children's Mercy Hospital

dmplantz@cmh.edu

SIG Co-Chairs:

Diane Plantz

dmplantz@cmh.edu

Zeynep Salih

znsalih@hotmail.com

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Faculty Development

After a great meeting in May in Boston, we want to use the momentum generated to plan for the upcoming meeting in Washington, DC in 2013. To that end, we will be sending out a brief needs assessment through the listserv to start the planning process. Look for the needs assessment sometime in August 2012. This is your opportunity to have a voice as we plan for next year!! In the meantime, have a great summer.

SIG Co-Chairs:

Mimi Bar-on

Mbar-on@medicine.nevada.edu

Joe Lopreiato

Joe.Lopreiato@simcen.usuhs.edu

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2012 Medical Student SIG Meeting at PAS 2012 in Boston

Thanks to the 30+ attendees of our SIG session this year- it was an exciting session rich with collaboration! Each year our session is cosponsored by the APA and COMSEP; the Boston 2012 meeting focused on teaching clinical reasoning. Invited speakers Satid Thammasitboon and T.J. Jirasevijinda presented foundational knowledge and an overview of important themes. Speaker Elizabeth Stuart then presented resources currently under development within the Pediatric Clinical Reasoning Collaborative (PCRC), which is working to enhance medical student clinical reasoning through curriculum development and knowledge dissemination. In small groups, SIG participants focused on a specific area (defining objectives, faculty development needs, clinical reasoning and the electronic medical record, or enhancement of a specific tool developed by one of the workshop invited speakers.) Themes from the small groups were shared, with a commitment to updating participants about new opportunities for ongoing collaboration that arise throughout the coming year. Based on feedback gathered from completed evaluations of the session, an explicit outline of the session will be emphasized at the start of next year's session; in addition, the session will include less didactic time and more small group time.

Potential ideas suggested for future focus included reflection, milestones and milestone mapping, integrated clerkships and learning, and further work in the realm of clinical reasoning. We thank Maria Marquez, who steps down from her position as SIG Co-Chair, for her work coordinating efforts between the SIG and other organizations, and for her leadership! We are pleased to announce that Lavjay Butani has been selected as the new co-chair for the Medical Student SIG-congratulations! Please contact either of us with thoughts, questions, or ideas.

SIG Co-Chairs:

Michele Long

michele.long@ucdmc.ucdavis.edu

Lavjay Butani

Lavjay.butani@ucdmc.ucdavis.edu

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Quality Improvement

Building on the increasing success of our (now) annual Quality Improvement Research Methods Conference, a Planning Committee of the QI SIG has now applied for AHRQ grant funding to organize our next meeting at the 2013 PAS meetings in Washington DC. We anticipate attendance will exceed 200 QI investigators from all over.

SIG Co-Chairs:

Denise Dougherty

Denise.Dougherty@ahrq.hhs.gov

David Link

david_link@hms.harvard.edu

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Announcements

APA Treasure Jim Perrin Nominated for President of the American Academy of Pediatrics

Congratulations to Jim Perrin, MD, for his nomination to the presidency of the American Academy of Pediatrics (AAP). For any APA members who aren't familiar with Jim and his work, I've been given the chance to fill you in. First, I think it's safe to refer to Jim as Mr. APA. He's our past president, the founding editor of our journal, and the winner of our major awards-including Public Policy and Advocacy Award, the Research Award, and the George Armstrong Lectureship. When Jim's not taking on major responsibilities for the APA, he's Professor of Pediatrics at Harvard Medical School and Director of the Division of General Pediatrics at the MassGeneral Hospital (MGH) for Children. He is an internationally renowned figure in pediatric health services research. He founded the MGH Center for Child and Adolescent Health Policy, a multidisciplinary research and training center and directed it for over 15 years. He is also associate chair for research at MGH for Children and leads the Clinical Coordinating Center for the National Autism Treatment Network to improve care for autism and other developmental disorders. His groundbreaking research has spanned the spectrum of academic general pediatrics, from clinical trials for common pediatric clinical problems to studies of behavioral consequences of long-term child illness, the changing epidemiology of chronic illness, patterns and variations in hospitalization for children, and Medicaid and disability policy.

Jim also has a strong record of AAP service, having chaired the Committee on Children with Disabilities and co-chaired the committee that developed practice guidelines for ADHD. He has also served on several Institute of Medicine panels as well as on the Advisory Council for the Agency for Healthcare Research and Quality. Jim's understanding of the policy implications and applications of research in general pediatrics, as well as his vision of how research can shape progress in child health, have strengthened federal disability programs for children and expanded health services research about children.

In summary, Jim has a lifetime's worth of experience in primary care practice, policy research, and advocacy for children and adolescents. His leadership and contributions have been central to the establishment of general pediatrics as an area of scientific investigation. I urge all eligible APA members to participate in the AAP's upcoming elections. His fellow nominee is also a distinguished member of the AAP, Michael Klein, MD, a pediatric surgeon. Voting will be held from August 31 to October 1, 2012. Be sure to check your email for notification to vote in late August.

Submitted by
Mark A. Schuster
Immediate Past Chair, Public Policy and Advocacy Committee
mark.schuster@childrens.harvard.edu

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New American Academy of Pediatrics Section on LGBT Issues

Health disparities, persistent stigma, and legal complexities continue to create profound difficulties for children with gender-variant behaviors and interests; gay, lesbian and transgender adolescents; and children whose parents are lesbian, gay, or transgender. Important changes in social attitudes have ameliorated but not eliminated the challenges faced by gay, lesbian and transgender physicians. These concerns have received little attention among mainstream pediatric organizations.

Members of the American Academy of Pediatrics are considering the formation of a Section to focus on

lesbian, gay, bisexual and transgender health issues. The goals of the provisional Section include informing the Academy on best practices for our LGBT patients and families based on current literature, Institute of Medicine findings, Joint Commission guidelines and other professional resources. The Section will also serve as a source of mentoring and support for LGBT students, residents and physicians. The Section will be open to any interested and supportive AAP member.

One of the AAP's requirements for the formation of a new Section is an assessment of the level of interest among AAP members regarding the proposed new Section. Therefore, please contact me if you might be interested in becoming a member of this Section.

There will be a planning meeting at the annual AAP NCE meeting in New Orleans in October.

Please let me know if you have any suggestions as these early discussions begin.

Submitted by
Ellen C. Perrin
eperrin@tuftsmedicalcenter.org

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Reviews

Environmental Health Review

Michelle Hernandez ¹ Perry Sheffield MD MPH ²

1. Department of Environmental Studies, Brown University, Providence, RI
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Review of: Forand SP, Lewis-Michl EL, Gomez MI, 2011 Adverse Birth Outcomes and Maternal Exposure to Trichloroethylene and Tetrachloroethylene through Soil Vapor Intrusion in New York State. *Environ Health Perspect* 120(4): doi:10.1289/ehp.1103884

Scientists only began to understand as recently as the 1990's that people could be getting toxic exposures from a process called soil vapor intrusion (SVI) where chemicals that had seeped into underground soil could be finding their way into the air of indoor environments. Previously, industrial chemical spills were thought to represent a threat to nearby communities only if they contaminated the drinking water. SVI is now understood to be a common source of exposure. News headlines in recent years have alluded to such exposures. For example, a public school in Bronx, New York had elevated indoor air levels of chemicals used in and around the building more than 20 years prior and homes and businesses in St. Louis Park, Minnesota also showed elevated indoor air levels of industrial chemicals entering from the ground. Two commonly implicated chemicals include: trichloroethylene (TCE) and tetrachloroethylene (PCE) which are both volatile organic compounds (VOCs) used widely in multiple industrial processes. While health effects vary by age and levels of exposure, TCE and PCE, found in dry cleaning and degreasing products, are already associated with problems such as low birth weight and carcinogenic effects through drinking water contamination or occupational exposures. However, less is known about lower dose and inhalational exposures. This study looked at a case of Endicott, New York where a large spill took place at an IBM facility in 1979 subsequently contaminating the nearby residential indoor environments via SVI. There was particular concern about the effects of TCE and PCE because levels of these compounds were found to be above the 95th percentile of EPA national background indoor air levels.

In order to explore whether women exposed to TCE or PCE through soil intrusion have a higher incidence of adverse birth outcomes, the researchers compared birth outcomes among residents of Endicott and the general New York state population. The exposed group lived in areas with elevated TCE or PCE levels; individual exposure levels were not measured. Researchers focused on single births between 1978 and 2002. The outcomes of interest were low birth weight (LBW), preterm and/or fetal growth restrictions over the entire time period and birth defects from 1983 to 2002. This data was adjusted for mother's age, education, race, and number of previous live births, as well as infant's sex and adequate prenatal care.

The study found that women who lived in areas with elevated TCE had babies that were more likely to be LBW, term low birth weight or small for gestational age (SGA). However, associations of PCE with LBW or SGA were not statistically significant. Both groups, TCE and PCE, did display an increase in cardiac abnormalities. Limitations of the study included the following: small number of cases with the outcome of interest because of the small population of the town; the lack of smoking information before 1998, unknown occupational exposure, and no personal or historical exposure metrics. Despite the limitations, this study makes an important contribution to the evidence about negative birth outcomes related to soil vapor intrusion of industrial chemicals.

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